



T2017 TRICARE® West EFT/ERA
 PO Box 870156
 Surfside Beach, SC 29587-9756
 Fax: 1-888-282-2841
 Attn: T2017 West EFT/ERA

ERA Pre-Enrollment Form

PROVIDER INFORMATION				
Provider Name				
PROVIDER ADDRESS				
Street				
City		State		ZIP Code/ Postal Code
PROVIDER IDENTIFIERS INFORMATION				
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)				
National Provider Identifier (NPI)				
Other Identifier(s) Assigning Authority		Trading Partner ID	7GW 1 2 2 9 MN 3	
NOTE: Provider payments and remittances are issued at the NPI level. All locations that are active in our provider file with the above NPI will be enrolled in ERA and no longer receive a paper remit.				
PROVIDER CONTACT INFORMATION				
Provider Contact Name				
Telephone Number				
Email Address				
Fax Number				
ELECTRONIC REMITTANCE ADVICE INFORMATION (See instructions)				
Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) <i>Provider preference for grouping (bulking) claim payment remittance advice must match preference for EFT payment.</i>				
Method of Retrieval <i>(Required if provider is not using clearinghouse or vendor)</i>		835 file from Clearinghouse		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION				
Clearinghouse Name		ClaimLynx Inc.		
Telephone Number		952-593-5969		
Email Address		info@claimlynx.com		
SUBMISSION INFORMATION				
Reason for Submission	<input type="checkbox"/> New Pre-enrollment <input type="checkbox"/> Change Pre-enrollment <input type="checkbox"/> Cancel Pre-enrollment			
AUTHORIZED SIGNATURE				
Written Signature of Person Submitting Pre-enrollment				
Printed Title of Person Submitting Pre-enrollment				
Submission Date		Requested ERA Effective Date		



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ERA Pre-Enrollment Form Completion Guidelines

Instructions for completing the ERA pre-enrollment form

- Please type or print legibly.
- Use only black or blue ink to complete paper form.
- Fax completed form to 1-888-282-2841, Attn: T2017 West EFT/ERA

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Provider Address	Associated with institution, corporate entity, practice, or individual provider.
Street	The number and street name where a person or organization can be found.
City	City associated with provider address field.
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
Zip Code/Postal Code	System of postal zone codes (zip stands for "zone improvement plan" introduced in the U.S. in 1963 to improve mail delivery) and exploit electronic reading and sorting capabilities.
Provider Identifiers	
Provider Federal Tax Identification Number (TIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. Providers who have subparts that conduct separate HIPAA standard transactions must have their own unique NPI. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Other Identifiers	Assigning Authority - Organization that issues and assigns the additional identifier requested on the form. Trading Partner ID - The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.
Provider Contact Information	
Provider Contact Name	Name of a contact in provider office for handling ERA issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Method of retrieval	Electronic remits can be retrieved in a HIPAA 835 file format directly or through a clearinghouse. Provider remits can also be viewed/downloaded from the Web. Once set up for either method, paper remits will be stopped.
Clearinghouse Information	
Clearinghouse Name	Official name of the provider's clearinghouse.
Telephone Number	Telephone number of contact.
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse.
Reason for Submission	
New Pre-enrollment	Indicates a new pre-enrollment
Change Pre-enrollment	Write a note stating the needed change and the requested ERA effective date of the change.
Cancel Pre-enrollment	Provide requested ERA effective date of the cancellation.
Authorized Signature	
The signature of an individual authorized by the provider or its agent to initiate, modify or terminate a pre-enrollment may be used with electronic and paper-based manual pre-enrollment.	
Signature of Person Submitting Pre-enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Pre-enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual pre-enrollment.
Printed Title of Person Submitting Pre-enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual pre-enrollment.
Submission Date	The date on which the pre-enrollment is submitted.
Requested ERA Effective Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.